



MAY 16 2007

FACSIMILE TRANSMITTAL

from **HOLLY D. KOZLOWSKI**

May 16, 2007

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To: Commissioner for Patents

Fax Number: 571-273-8300

Client Number: 25401-3

Pages: 24
(including cover)

Comments:

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PAGE 1/24 * RCVD AT 5/16/2007 4:12:28 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-1/20 * DNIS:2738300 * CSID: * DURATION (mm-ss):07-16

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MAY 16 2007

Docket No. 25401-3

PATENT

CERTIFICATE OF FACSIMILE

I hereby certify that this paper is being transmitted via facsimile to: Mail Stop RCE; Commissioner for Patents; P.O. Box 1450; Alexandria, VA 22313-1450 at facsimile number 571-273-8300 on May 16, 2007.

Senni S. Dell

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant: Sabine Stumvoll et al : Paper No.:
 Serial No.: 10/027,625 : Group Art Unit: 1644
 Filing Date: December 21, 2001 : Examiner: Nora M. Rooney

For: Use of a Pure Allergen Component

Mail Stop RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above identified application.

- [] No additional fee is required.
 [X] Also attached: Request for Three-Month Extension of Time; Request for Continued Examination; Declaration Under 37 C.F.R. 1.132; Credit Card Payment Form (PTO-2038)

The fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims	20	20	0	x \$50=	\$00.00
Independent Claims	3	3	0	x \$200 =	\$00.00
Request for Three-Month Extension of Time					\$1020.00
Request for Continued Examination					\$790.0
TOTAL FEE DUE					\$1810.00

- [] A check in the amount of \$0 is enclosed.
 [X] Please charge \$1810.00 to our Visa credit card. Form PTO-2098 is enclosed.
 [X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Holly D. Kozlowski

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